

NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS, INC.



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The object of this committee is
to ascertain the direct causes of
preventable blindness, and to take
such measures in cooperation with
the medical profession as may lead
to the elimination of such causes.

Committee on Prevention of Blindness
First Annual Report, June 1908

REPORT OF THE PRESIDENT

The fact that my first year as president of the National Society for the Prevention of Blindness coincided with the Society's 60th anniversary certainly has been for me a 'blessing in disguise.'

At first the 'disguise' was most apparent, as during the indoctrination period I became aware of the preparation and activities required of me, not only in the conduct of the 60th Anniversary Conference, but in the concentrated efforts on all fronts during this banner year.

The 'blessing' emerged in my increasing awareness of the workings of this wonderful organization. Having been a member of the Society's board of directors, I was of course well acquainted with the organization and programs of the Society; but as its president, I found it necessary to understand fully the services performed by our national staff, our medical advisory committees, and our dedicated board members, medical advisors and staff members of our state affiliates.

Statistics, whether on a particular eye disease incidence or the results of a state vision screening program, took on more meaning for me. In addition, our educational programs, our community services, our national surveys and our basic research support impressed their significance on me.

As well as fulfilling my obligations to the Society, to the best of my ability, as its president I must see to it that the Society fulfills its purpose, honors its commitments—to the best of its ability.

I am confident that, in carrying out its programs, in assigning priorities, in conscientious application of our

resources—the Society *is* fulfilling its purpose to the best of its ability. Our plans for expansion are well conceived: My only complaint is not with what we're doing, but that we can't do more, that we can't expand where our studies tell us we should.

Which brings us to the conclusion that what is needed is the ability to expand our services, and quickly to the parallel conclusion—which will be perhaps my major preoccupation during the coming year—that this means expanding our financial resources. I fully expect to lead the Society toward a harder push for funds in 1969, to increase our contributions, both in numbers and amount, particularly to add new supporters to our cause from business and industry.

Before we turn to the accounting of the activities of the National Society during 1968, contained within this Report, it is a pleasure to announce that an affiliation agreement has been reached with the Minnesota Society for the Prevention of Blindness, bringing the total of state affiliates with paid staff to 23.

It is my sad duty to report the death in May of this year of Dr. John Milton McLean. Known and respected internationally as an eye surgeon, Dr. McLean had for many years contributed significantly to the Society as a member of our board of directors, as well as through his counsel and guidance on the scientific aspects of the Society's work. His death was a profound loss to the field of ophthalmology and to the work of this Society.

Let me close by saying that not only is an anniversary year a year of celebration and retrospective analysis; it is a time for rededication and approaching the future, with insight and dedication. It is fully planned to make each of the years of my presidency an 'anniversary year.'

BRADFORD A. WARNER
President



REPORT OF THE EXECUTIVE DIRECTOR

The National Society for the Prevention of Blindness celebrated its 60th anniversary in 1968. Such an occasion, besides the extra 'celebration' activities that it merits, also makes it imperative—to stop and consider, to ponder, to analyze. How well has the organization done its job? How effective have been our educational and service programs?

Such questions must be considered; we are, in fact, obligated to justify our existence. And you will find a rather detailed accounting of our past year's activities—and its successes—in this Annual Report.

But most important, for myself and for all the staff members and volunteers dedicated to the National Society, is the imperative to consider our future. I think our obligation to the future is threefold:

To plan, to organize, to *deliver*.

WE MUST PLAN This is perhaps the easiest of our obligations to the future, because we get excellent advice from the past. And we are well-buttressed by our ongoing operational research and the invaluable advice and participation of our professional advisory committees.

This planning must also include areas of challenge in blindness prevention which are not yet incorporated in our program—areas where our resources do not presently permit us to extend; or where we must await further developments in scientific knowledge. For example we must be alert to apply new knowledge—which will inevitably come through research, and which will allow for preventive measures—to such causes of blindness as vascular diseases (arteriosclerosis, hypertension) and diabetes. These combined diseases are responsible for almost 20 percent of all blindness in the U.S., according to latest available estimates.

Cognizant of the impressive developments in human genetics studies, we must concern ourselves with the causes—and prevention—of hereditary blindness. Causes of congenital blindness, due to such conditions as congenital malformations, cataracts and glaucoma, must be subject to further research before preventive measures can be initiated. Hereditary and congenital causes of blindness account for an estimated 17 percent of all blindness.

Of related concern as a cause of blindness is rubella in the mother during pregnancy, which is known to produce a high incidence of congenital cataracts; and we

are following closely the developments in the production of vaccines, and in their availability to the public, which appears imminent. And we must remain vigilant where we have scored successes, such as in the reduction in the incidence of blindness in infants caused by retrolental fibroplasia, a condition engendered by the administration of high levels of oxygen to premature infants. NSPB has been a leading campaigner in the fight to eliminate this threat to young eyes—a campaign which must be maintained through professional education.

WE MUST ORGANIZE An integrated effort, a cohesive attack, is essential to the prevention of blindness on a national scale. This means the left hand not only knowing what the right hand is doing, but how well it is doing. Or whether extra hands are needed.

I believe that our experience qualifies the National Society for dynamic leadership in the effort to unite those concerned — voluntary agencies, governmental agencies, civic organizations and individuals. What is required is better focusing of the efforts of the many who have concerned themselves with various important but single facets of what should be a comprehensive program. We must commit ourselves to see that this is done.

WE MUST DELIVER This objective depends to a large extent on how well we have accomplished the other two—planning and organization. Yet there are dilemmas, such as the one recently posed by NSPB board member Dr. Frank Newell, who observed, 'We do not know whether we are obliged to plan for an ideal state where each individual has the best medical care possible, or whether we must concentrate on eliminating pockets of poor care.'

Substituting 'eye care' for 'medical care,' we have a very real problem of the National Society for the Prevention of Blindness. The best answer, of course, is to say that we will do both. And to an extent we have: Our educational programs are broadly based, national in scope; and we have, on many occasions, concentrated our services in areas of special need, such as our vision screenings in cooperation with Project Head Start, and our extended efforts this past year on Indian reservations in the Southwest.

To say that we will do both depends on two essential resources, in addition to the 'best-laid' plans and organization: manpower and financial support. We must rely on our corps of volunteers, which now numbers in the thousands—and see that their ranks continue to grow. And we must rely on public support, and make sure that our list of contributors continues to grow and that we continue to merit the help we receive.



JOHN W. FERREE, M.D.
Executive Director



Louisa Lee Schuyler.



Dr. F. Park Lewis



Dr. Karl Sigmund Franz Credé

The committee referred to on page one was formed in 1908 by a determined lady named Miss Louisa Lee Schuyler, with the help of Dr. F. Park Lewis, a New York physician who was chairman of the AMA's Committee on Prevention of Blindness. Miss Schuyler was drawn into the battle by a report issued by Dr. Lewis' commission investigating blindness in New York State, a report which emphasized particularly the 'needlessly blind' children, victims of ophthalmia neonatorum, known as babies' sore eyes. This disease was the cause of blindness in 28 percent of all children in schools for the blind.

It was known as early as 1887 in this country that a prophylaxis, solution of silver nitrate, instilled in the eyes of newborns could prevent ophthalmia neonatorum—a method developed in Germany by Dr. Karl Sigmund Franz Credé in 1881.

Yet it took the efforts of Miss Schuyler and her Committee, who gradually won the support of philanthropists, physicians, social and business leaders and welfare workers, to bring advocacy of the use of the prophylaxis to the proportions of a crusade in this country. By 1917 six states required the use of the prophylaxis by law.

Today all states but three require by law or regulation that a prophylaxis be used in the eyes of all newborn children, and the three exceptions provide for its use on a limited basis. Blindness from ophthalmia neonatorum has been reduced by 99 percent from 1908 to 1968.

But that 1908 Committee report spoke of 'causes'—not just ophthalmia neonatorum. It became national in

organization and scope and next tackled industrial eye hazards, with surveys and published safety recommendations.

At the same time studies were undertaken—trachoma, blindness from wood alcohol, standards for illumination in the home, the office and the factory. Fourth of July fireworks accidents were investigated and reported.

Progress continued, the field widened.

1919

Published a manual for 'conservation of vision' classes, to be used by teachers with reference to partially sighted children. Also a study of the relationship between defective vision and automobile accidents.

1921

Produced Society's first motion picture, a three-reel series on 'Saving the Eyes of Youth.'

1926

Conducted first preschool vision screening program in the United States for which volunteers were trained to do the screening.

1930

Prepared the first broad industrial program of eye safety based on a survey of 583 plants and factories.

1932

Published first study of causes of blindness in school-age children in the United States.

1942

Established first national station for checking the accuracy of tonometers, the instruments used to measure the pressure inside the eye—the test for glaucoma.

1943

Established, under auspices of the War Production Board, advisory service to 2,800 war plants employing 8,000,000 workers—many of them women and other inexperienced industrial workers—on industrial eye safety programs and practices.

1944

Organized first demonstration glaucoma detection program in the United States.



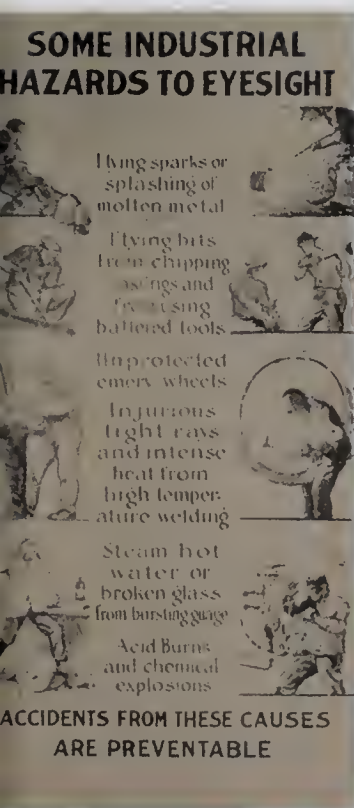
Linda Neville spent some 40 active years in fighting causes of preventable blindness; was instrumental in the successful trachoma eradication program in Kentucky during the early decades of the 1900's.



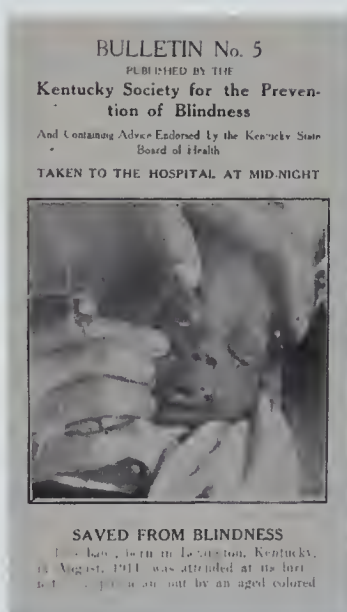
Winifred Hathaway, NSPB associate director from 1925 to 1949, was a prime mover in the campaign to give normal education to the nation's partially seeing children, developed many special education materials for them.



Wise Owl Club: 51,651 eyes saved to date.



Above: NSPB industrial poster, 1917. Right: Ophthalmia neonatorum warning, Kentucky, 1911.



1946

Sponsored a study of the relationship between rubella (German measles) and congenital cataracts.

1948

Sponsored the Wise Owl Club of America, an industrial eye safety incentive program.

1950

Supported the first research project that linked retrolental fibroplasia (RLF), the leading cause of blindness among preschool children in the 1940's, to the administration of high levels of oxygen to premature infants.

1952

Established our first state affiliate, the Connecticut Society for the Prevention of Blindness.

1956

Initiated support for the development of equipment to test the vision of infants.

1958

Selected by the federal government as one of ten agencies to participate in the Federal Services Campaign for National Health Agencies.

1963

Published statement endorsing safety eyewear for all persons wearing 'regular' glasses, as well as nonprescription safety eyewear for those with impaired vision and those engaging in pursuits, sports or hobbies which involve eye hazards.

1964

Published model law for state adoption that provides for safety eyewear in all school shops and laboratories.

1967

Produced industrial eye safety film on true-story blinding accident, 'Don't Push Your Luck,' winner of several film awards including that of the National Safety Council's 'Safety Film of the Year' for 1968.

EDUCATIONAL PROGRAM

The National Society for the Prevention of Blindness, in concert with its 23 state affiliates and 10 state committees, declared that 1968, our 60th year of service, would be a banner year for all aspects of our education program. For purposes of conveying to what extent we accomplished this objective, the Society's educational program for the year might best be presented in two basic categories: Education regarding eye *disease and disorders*, and education regarding eye *safety*.

EYE DISEASE AND DISORDERS

In attacking public ignorance, resignation or neglect regarding diseases and disorders of the eye, NSPB again in 1968 concentrated particularly on: *cataract*—the leading cause of blindness in the U.S. today, *glaucoma*—the second leading cause, and the undetected *visual problems of children*.

CATARACT

Surgery is the only known cure for cataract. It is safe and successful 95 times out of 100. Why does it remain the leading cause of blindness?

A call which came into NSPB in November was from a staff member at New York's Catholic Charities: 'Could you send us your pamphlet explaining about cataracts and the necessity of surgery? We're trying to convince one of our ladies to have it done.'

This call is typical of the hundreds which come into NSPB and the offices of the state affiliates, and of mail from organizations, anxious relatives and friends of cataract sufferers, and sometimes from hesitant or fearful persons with cataract themselves. For example in the New York national office alone, there were some 3,000 requests for our pamphlets on cataract during 1968.

Convincing persons with cataract, or those concerned with their welfare, of the promise of surgical treatment is a major goal of NSPB. During 1968 the Society made particular efforts to reach the nation's older Americans, since cataract accounts for 40 percent of all visual prob-

Let us make sure that we do not neglect the prevention of blindness, and by our carelessness and inattention allow the ever-present threat of loss of eyesight to become a reality . . .
Regrets never restore vision.

Gerald D. Dorman, M.D.
AMA President-Elect
NSPB 60th Anniversary Conference
November 21, 1968

lems in those 65 and over. We distributed our cataract pamphlets to physicians, visiting nurses, public health nurses, facilities serving the aged, and other organizations which serve this age group—in cities and towns across the country.

As federal, state and local governments get more actively involved with programs and services for the aged, as they did in 1968, NSPB hopes to have easier access to the 65-and-over segment of our population—which increases by 1,000 persons daily—and which still harbors so many persons with impaired vision or blindness due to cataract.

*GLAUCOMA

While the effect of mature cataract is readily detectable to those having the condition, and readily observable by the physician, the eye disease glaucoma must often, in effect, be sought out. It is usually painless, it progresses subtly, often with no observable signs, or signs which are easily misinterpreted. The glaucoma victim too often comes to his eye doctor only when much of his sight is gone. And, unlike cataract, sight lost due to glaucoma cannot be restored by surgery or by medical treatment.

At this moment, an estimated 1,702,000 Americans 35 years of age and over are threatened with glaucoma.

However, if discovered in its early stages, the progress of glaucoma can be halted with medical and occasionally surgical treatment. And this is the mission of NSPB:

Since glaucoma most often strikes those over 35 years of age, the Society urges, through every means possible, all persons in this age group to have a complete eye examination every two years.

Glaucoma is often identifiable through a simple diagnostic procedure called tonometry, in which the eye doctor measures the level of pressure within the eyeball. Elevated pressure is the criterion usually associated with glaucoma.

During the past year, NSPB's efforts to combat glaucoma surged along three fronts:

Convince the public of the importance of regular eye examinations. NSPB keeps the focus on 'glaucoma awareness' through pamphlets, news releases, films, and radio and TV spots. A practice strongly urged by NSPB during 1968 was the inclusion of glaucoma testing in the routine physical examinations for employee groups.

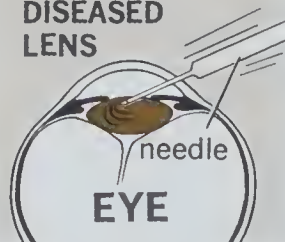
Emphasize to physicians the importance of the tonometry procedure as part of the physical examination of all their patients 35 and over.

Provide screening services on the community level through the Society's state affiliates. These tonometry tests for glaucoma are widely publicized locally, and are administered by the state affiliate, which provides volun-

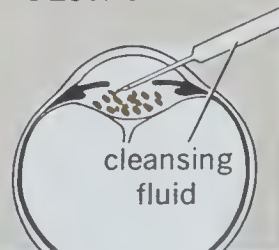
*Details of sample state glaucoma screening programs and results will be found in this Report on page 21 under the section on 'Community Services.'



1. VIBRATING TIP ATTACKS DISEASED LENS



2. LENS DESTROYED



3. MATERIAL PULLED OUT



Left: 16th Century engraving shows the couching operation for cataract, in which the opaque "de-ranked humor" (the lens) was displaced or depressed. Above: Ultrasonic surgery for cataract recently developed by Dr. Charles D. Kelman of New York: Opaque lens is liquified by high-frequency vibrations and drawn out by suction through the hollow center of the needle.

teers to assist with the screenings and record results. Volunteer ophthalmologists and ophthalmology residents perform the tonometry.

During 1968 there were 60,314 persons screened for glaucoma by NSPB and the state affiliates. Those with a suspicious level of intraocular pressure were referred for a professional eye examination; and last year we found and referred 2,411 such persons. Hundreds of others were stimulated to have an eye exam without the impetus of a referral.

*VISION PROBLEMS OF CHILDREN

A top-priority NSPB project (for over 40 years) is our pre-school vision screening program. We affirmed again in 1968 our goal that every child have a professional eye examination before he enters school. That's the goal. The situation is quite different:

There are an estimated 25 million preschool-age children in the United States. One in every 20 preschool-age children has a vision problem which needs correction if the child is to readily achieve in the learning situation. Although the majority of children's vision problems are readily correctable and cause no permanent damage to the eye—

Some of these children have amblyopia, a dimness of vision through disuse of one eye (lazy-eye blindness), a condition often undetected by parents—a condition which to be treated successfully must be caught early, preferably before age five. Preschool vision screenings may lead to the discovery of amblyopia as well as other defects, such as myopia, astigmatism or strabismus, which in themselves can be causes of amblyopia.

*Details of sample state preschool vision screening programs and results will be found in this Report on page 20 under the section on 'Community Services.'

During 1968 NSPB and state affiliates conducted screenings for 252,673 preschool-age children. Of this number, 11,209 children were referred by the screeners for professional eye examination.

These screenings are carried out year round, in towns and cities across the country, and are widely publicized locally. The screenings, arranged by our state affiliates, are often conducted by volunteer groups and individuals, trained by Society and affiliate staff and public health personnel.

PROFESSIONAL EDUCATION

Although the major part of NSPB's educational program is aimed at the general public in the effort to gain awareness of the need for an active commitment to eye health, NSPB also plays a significant role for professionals as a central source and 'clearinghouse' regarding eye disease and disorders—and, of course, eye health and safety.

Often it is the general practitioner, the pediatrician, the internist, or the school psychologist, the public health nurse, the social worker or the teacher who first sees the possibility of eye disease or disorder. NSPB's role in 1968 regarding professional education included: sponsoring medical and scientific conferences; promoting recognition of disease entities through pamphlets, conference papers and exhibits at medical and relevant professional meetings; publication of our professional periodical, *The Sight-Saving Review*; maintenance of library services and preparation of bibliographies; provision of educational materials, which range from vision testing charts to a handbook for glaucoma patients . . .

And acting the gadfly, as in our continued urgings for tonometry testing for glaucoma as part of the routine physical for those 35 and over.

Select NSPB activities in professional education during 1968:



Left: Clifton plays the 'E Game,' vision screening method for preschoolers. Above: A tonometric eye check is quick and painless, is used in diagnosing glaucoma. Right: NSPB's professional exhibit on retrolental fibroplasia.

- Annual glaucoma symposium, co-sponsored in October with the Association for Research in Ophthalmology, and attended by over 400 ophthalmologists.

- Preparation of a new professional film on glaucoma for 1969 release.

- Glaucoma exhibit at the June AMA convention in San Francisco. Over a thousand physicians and guests were screened by residents in ophthalmology, through arrangements by our Northern California affiliate. Referred for an eye examination were 65 persons who showed a suspicious level of intraocular pressure.

- Production of a new pamphlet for ophthalmologists to give their glaucoma patients.

- Publication of a survey of all state and territorial health departments regarding regulations on the use of a prophylaxis in the eyes of newborns.

- Production of a seven-panel, standing exhibit on 'Prevention of Blindness in Premature Infants: Control of Oxygen-Induced Retrolental Fibroplasia.' (The disease, directly related to the administration of high levels of oxygen of prolonged duration to premature infants, leads to blindness—and is untreatable once it has become established.)

- Sponsorship of the June symposium on 'The Biochemistry of the Eye,' held in The Netherlands.

MEDICAL ADVISORY COMMITTEES

NSPB's medical advisory committees are the essential resource from which all of our programs are enabled to develop. Their guidance and participation provide the authoritative base from which our educational and community service programs operate; and their members actively participate in our professional education projects, meetings and communications; in interpreting for the Society what is taking place in medical science, both at the research and clinical level; and in recommending the direction of NSPB support for research investigators.

Our professional advisory committees (i.e., Committee on Glaucoma, Committee on Vision Screening of Children, Committee on Retrolental Fibroplasia) are of multidiscipline composition, made up of eminent authorities in eye physiology, ophthalmology, pediatrics, biophysics, public health, preventive medicine, nursing, social work, education, pharmacology and other relevant specialties.

Besides these national committees, each state affiliate has its own medical advisory committee, to act as immediately available counsel on problems requiring medical authority. Its members participate in the whole range of the affiliate's planning and programs.

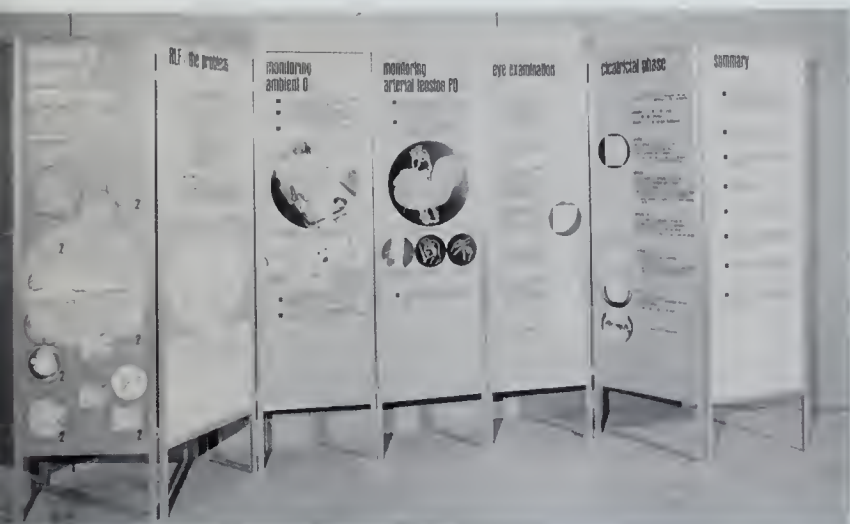
PROFESSIONAL COOPERATION

The Society believes that, whether through a statistical study or a scientific conference, we can be of help to other professional organizations involved in promoting eye health. And, in turn, many of our efforts are bolstered or furthered through cooperation from such organizations.

Some of the professional organizations with which NSPB maintained a working liaison during 1968:

The American Medical Association, American Academy of Pediatrics, National Council on the Aging, The National Institutes of Health, the Public Health Service and other agencies of the Department of Health, Education and Welfare, Association for Research in Ophthalmology, American Academy of Ophthalmology and Otolaryngology, Pan American Association of Ophthalmology.

The Society is particularly proud that a member of our board of directors, Dr. A. Edward Maumenee, was elected in May as the interim president of the International Association for the Prevention of Blindness, and that executive director Dr. John W. Ferree was elected interim secretary-general.



Little good it does to achieve new basic scientific knowledge if this knowledge cannot, in the proper time and place, be put to work in meeting the health needs of the community.

Homer E. Smith, M.D.
NSPB vice president
Meeting of Chairmen of Medical Advisory Committees
October 27, 1968

EYE SAFETY

Among persons under 65 years of age, injury is the major cause of visual impairments, according to the latest figures of the National Center for Health Statistics. Translating this into more meaningful terms:

U.S. industry reports eye injuries average 1,000 every working day.

During 1968 an estimated 167,000 American school children suffered eye injuries.

INDUSTRIAL PROGRAM

NSPB's concern for eye hazards in industry was manifest early in our history, with the publication in 1917 of the first report on such hazards, and recommendations for safety practices. By 1948 our industrial eye safety program was firmly enough recognized by American industry to warrant the establishment of NSPB's Wise Owl Club of America, an eye safety incentive program. (The club idea came from the suggestion box of the St. Louis foundry of ACF Industries, Inc. in 1947.)

The Wise Owl Club, whose purpose is to encourage the use of proper eye-protective equipment, has demonstrated its effectiveness over and over again—in terms of sight saved, personal tragedy averted, compensation dollars saved. Wise Owl Club membership is awarded to employees whose eyesight was saved by wearing eye protection at the time of a potentially blinding accident. Lab and shop students also qualify.

American industry has come to appreciate that, along with the tangible benefits of averting production losses and compensation costs, the Wise Owl Club offers valuable public relations possibilities, both within the industry and in the community.

In 1968 charters were obtained by 327 new chapters of the Wise Owl Club, bringing the total number of chapters to 5,218 . . . Individual members added during 1968 were 2,923, for a total membership of 41,321 . . . The number of eyes saved since the inception of the Club in



The week before, he wasn't wearing safety goggles. Bridge crew in Richmond (Va.) got safety eyewear thanks to persistency of Virginia Society staffer.



The 'Goggle Goon' is the dunce cap for students forgetting their safety eyewear in shop classes at Churchill Junior High School, Salt Lake City.



Based on NSPB model law, school eye safety laws have passed in 27 states.

1948 comes to a total of 51,651, which add up to compensation savings of \$206,604,000 to date.

Wise Owl Club Happenings during 1968 included:

Seven laboratory employees at Atlantic Research Corp. Ordnance Division, West Hanover, Massachusetts, became 'instant Wise Owl members' in March when a violent explosion blew out windows and walls. The seven were wearing protective eyewear. Although some of those members sustained serious injuries, not one of them suffered any eye damage or loss of sight.

In May the 37,000th Wise Owl member award went to Ronald Chancey, a high school shop student of Lockport, Illinois — and the presentation was made by U.S. Senator Everett Dirksen. Having had a near-brush with blindness himself some years ago, Senator Dirksen is especially cognizant of the value of sight saved, and extolled, with his usual eloquence, the merits of NSPB and its Wise Owl Club program.

NSPB-SPONSORED CODE APPROVED

The USA Standards Institute approved in September 'USA Standard Practice for Occupational and Educational Eye and Face Protection,' designated as Z87.1-1968. The national Standards Committee for the project, which was NSPB sponsored, was made up of representatives of 31 national organizations. ('A USA Standard implies a consensus of those substantially concerned with its scope and provisions.')

The new Standard supplies specifications for approved eye and face protective devices for industrial use and for laboratory and workshop students in schools and colleges. ('A USA Standard is intended as a guide to aid the manufacturer, the consumer, and the general public.')

Chairman of the project's Standards Committee was Joseph E. Nichols, NSPB board member; and James E. O'Neil, NSPB's director of Industrial Services, served as secretary.

EYE SAFETY IN SCHOOLS

In 1968 Arizona was added to the ranks of states which have passed school eye-safety laws, bringing the total to 27 states. These state laws are based on the NSPB model law, marking the turn taken by NSPB in 1963 from the voluntary to the legislative approach, in extending industry-proved eye safety to schools and colleges. The model law, and the subsequent state laws, require safety eyewear for laboratory and workshop students, their teachers and visitors, which meets the Z87 code requirements.

The 27 states which have enacted school eye safety laws are: Alabama, Arizona, Arkansas, California, Connecticut, Delaware, Florida, Illinois, Indiana, Iowa, Kan-

In my own state, in an investigation by the Massachusetts Society, 71 of 175 ophthalmologists responded to a questionnaire on the sparkler and fireworks problem. These specialists had encountered three losses of sight, two severe corneal burns, 18 minor injuries. Sparklers were involved in 10 incidents, cherry bombs in four, and nine hospitalizations were required. The sale of sparklers has now been outlawed.

Merritt B. Low, M.D.

Committee on Accident Prevention, American Academy of Pediatrics
NSPB 60th Anniversary Conference
November 21, 1968



Safety-conscious U.S. industries take their safety eyewear regulations seriously: During Nikita Khrushchev's 1959 U.S. visit, he balked at donning the goggles for tour of Iowa industrial plant. Told he couldn't enter without them, he obeyed.

sas, Louisiana, Maryland, Massachusetts, Minnesota, New Jersey, New York, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Wyoming.

NSPB and its affiliates continue to press for school eye safety laws in the remaining 23 states which do not presently require safety eyewear.

We must recognize, however, that enactment of legislation is but an encouraging first step in blocking preventable eye damage and loss of sight among students. The larger challenge is to maintain *meaningful implementation* of such laws, which calls for active and continuing support on the state and local levels.

NSPB's role in underscoring successful implementation of school eye safety programs is to act the watchdog—to survey, to report, and to publicly criticize when necessary. Sample activities during 1968:

- The Iowa school nurse manual was issued with no mention of the state eye safety law. Result: The Iowa Society provided copies of the law and safety goggle hygiene recommendations, distributed to all state school nurses and public health nurses, and elicited a promise of the law's inclusion in the first revision of the manual.

- Spot checks in Utah revealed that the state's school eye safety laws were not being enforced. Result: Public criticism from the Colorado Society, NSPB, local newspaper campaigns—and finally, an investigation and crack-down directed from the top, the Utah Department of Public Instruction.

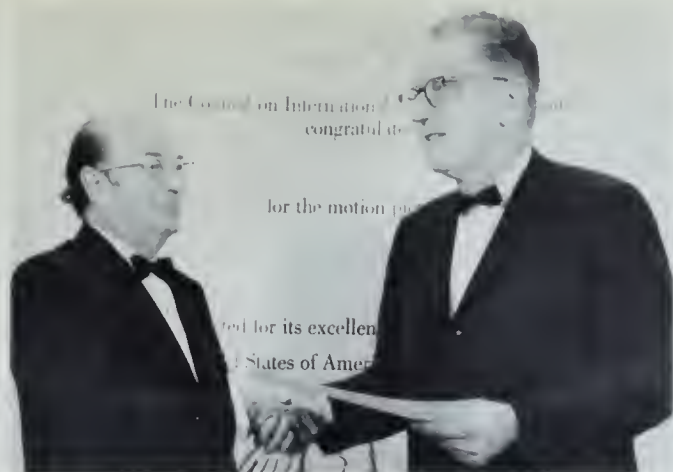
SAFETY GLASSES: THE FOOT'S IN THE DOOR

From the thousands of letters, phone calls and news clippings documenting personal tragedy from the 'freak' eye accident during the year, NSPB has a surplus of evidence in its case against ordinary, 'streetwear' glasses. In presenting our case for safety lenses *in safety frames*, NSPB made several notable gains during 1968:

- The State of Alaska passed a 'first in the nation' law for which NSPB obtained nation-wide publicity. The law provides that only safety glasses can be prescribed in the state; and also prevents the sale and distribution of frames made of highly combustible materials, such as cellulose nitrate. The law, which becomes effective in May 1969, was sponsored by an ophthalmologist, Milo H. Fritz, M.D., a member of the Alaska House of Representatives.

A press release issued by NSPB on this pioneering legislation was carried as a news story and promoted editorially by newspapers across the country, and was carried by a substantial number of general and medical periodicals.

- A bill introduced in the 90th Congress by New Jersey Representative Henry Helstoski, which would require the Department of Defense to issue impact-resistant glasses to military personnel who require prescription eyeglasses, died in committee. *However*, the publicity and resultant concern generated by NSPB and our allies in industry and the professional eye health and safety fields, particularly centered around the fact that a serv-



NSPB eye safety film, "Don't Push Your Luck," wins Golden Eagle Award of CINE (Council on International Nontheatrical Events), accepted by James O'Neill (right), NSPB's director of Industrial Services.



NSPB pushes for legislation: 23 states do not have bans on the sale and uncontrolled use of fireworks.

iceman may even be sent into combat wearing 'street-wear' glasses, has been most encouraging.

Congressman Helstoski will refile a strengthened version of the bill in the 91st Congress. He will also refile his bill which would prohibit the manufacture and importation of eyeglass frames made of highly combustible materials.

GRASS ROOTS EYE SAFETY

Although much can be accomplished in promoting eye safety on the national and state level through legislation, through cooperation from influential professional organizations, through citing the example of industry, and through the communications media—the message must, literally, hit home. NSPB wages a constant battle to bring the message home on such topics as:

- The danger of unsupervised fireworks, which each year account for too many tragic stories of young eyes blinded or injured. NSPB strongly urged again in 1968 passage of legislation in the 23 states which do not have bans on the sale and uncontrolled use of fireworks.

- Harmless as a toy isn't necessarily so. NSPB, particularly during the Christmas season, urges parents and relatives to doublecheck that shopping list to make sure the toys they buy are not potentially blinding. High on our list of hazards are BB guns, which account for a depressingly large accident file at NSPB. Missile-type toys, chemistry sets and easily breakable plastic toys were also singled out in news releases during the year.

- The value of safety glasses has been demonstrated in the playground and behind the lawnmower as well as behind the industrial drill press. Again, our news clipping files confirm the frequency of the 'freak' at-home eye accidents—power lawn mowers throwing up a stone, a rose bush clipping which flew into an eye, a misdirected insecticide, a flying baseball bat . . .

- The dangers of home chemicals extend to the eye as well as the better-known ingestion and inhalation dangers. NSPB again in 1968 warned parents to keep aerosol sprays containing pressurized liquids, such as deodorants, oven cleaners and hair fixatives, out of the reach of children.

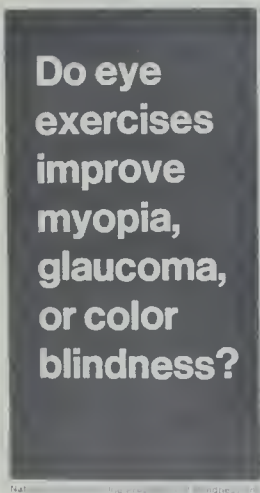
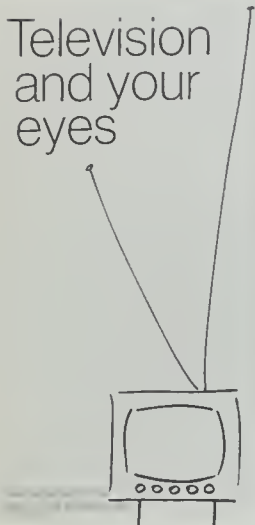
PROFESSIONAL COOPERATION ON EYE SAFETY

During the year NSPB worked actively with other professional organizations involved in promoting eye safety, among them:

USA Standards Institute, American Chemical Society, The Illuminating Engineering Society, National Safety Council, American Society of Safety Engineers, Guild of Prescription Opticians, National Fire Protection Association, National Congress of Parents and Teachers, Industrial Safety Equipment Association, American Board of Opticianry.

NSPB was pleased to report the 1968 election of Judge M. Rosco Lowery, president of the Georgia Society, as president of the International Association of Industrial Accident Boards and Commissions.

EDUCATIONAL TOOLS



Make sure
your child has
two good eyes

SIGHT SAVING MONTH

Through a barrage of printed materials, radio and television spots, and support from celebrities, elected officials and community organizations, the nation is made aware each September of Sight Saving Month. This concentration of our year-round plea alerts Americans to the need for a continuing, active commitment to eye safety and eye care.

Our 1968 newspaper and periodical coverage (over 1,500 clippings came in during the initial 10-week period) was three times as high as that of the previous 'best year.' Return postcards from the 5,400 television and radio stations who received our materials indicated that all of them used the segments during September. And many stations continued to use the spots throughout the year.

PAMPHLETS

NSPB's extensive line of pamphlets are available on request, and cover many aspects of eye safety, eye care, and warning-signs and descriptions of eye diseases. Over three million pamphlets were distributed during the year, in answer to requests directed to our national office and our state affiliates.

New pamphlets produced during the year were 'Half of All Blindness is Preventable,' a description of NSPB programs of interest to corporations; and 'Contact Lenses,' which will be ready for distribution in 1969. Revised and redesigned during 1968 were our pamphlets 'Make Sure Your Child Has Two Good Eyes,' 'Glaucoma,' 'Do Eye Exercises Improve Myopia, Glaucoma or Color Blindness?' and 'TV and Your Eyes.'

FILMS

NSPB's film library now contains 12 subjects, in the categories of general eye health, adult vision problems, children's vision problems and eye safety. Available on loan or for sale, film prints are requested by industries, schools, health agencies, civic groups and other organizations. 1968 film distribution figures were: film loans, 1,430; film sales, 125.

A new addition to the film library was 'Eye and Face Protection in Chemical Laboratories,' for which NSPB acquired the distribution rights from the Public Health Service, which had provided the grant for the film's production by G. Norman Quam, professor emeritus of chemistry, Villanova University.

NSPB's industrial eye safety film, 'Don't Push Your Luck,' released last year, was named 1968's 'Safety Film of the Year' by the National Safety Council. It also received a 'Golden Eagle Award' from CINE, Council on International Nontheatrical Events, in November, which qualifies it to represent the U.S. in the group chosen by CINE for international competition. It won second honors at the Vienna Ninth International Industrial Film Festival.

In production for 1969 release are a new training film on preschool vision screening, and a new film on glaucoma for the general practitioner, medical students, nurses and social workers.

PERIODICALS

NSPB's quarterly professional journal, *The Sight-Saving Review*, had over 6,000 paid subscribers in 1968. The format of the *Review* has been redesigned, and the first issue with the new layout will appear early in 1969.

A new quarterly newspaper, *NEWS: The National Society for the Prevention of Blindness*, began publication at the end of the year. Replacing *POB News* and *NSPB Views*, the aim of the new paper is to inform both professional and general audiences of progress being made in the prevention of blindness, with particular emphasis on the Society's activities.

OTHER MEDIA

Exhibits—Geared to professional or lay groups, our exhibits were displayed at 41 meetings and conferences during 1968.

Information and referral service—NSPB provides material or source recommendations and counsel for thousands of telephoned and written personal requests during the year, for help with individual eye and visual problems.

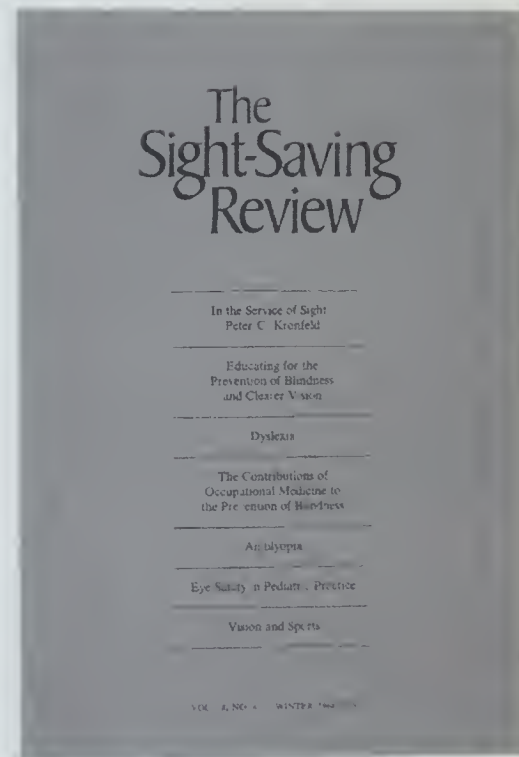
News Releases—News releases sent to radio and TV stations, weekly and daily newspapers, select periodicals and relevant organizations, told the American public about the new Alaskan law on safety glasses, warned hunters to have an eye exam before taking to the woods—or told a community about a local upcoming vision screening date. Stories of national interest were sent out in runs of thousands; and local stories were covered and reported by our state affiliates.

A sample: Our late-December news release on the eye hazard of blasting champagne corks contained corroboration by a champagne-loving New York ophthalmologist and documentation of eye injuries suffered after previous years' celebrations. It brought: network and local television and radio reports and interviews; newspaper editorials and cartoons as well as news articles—and finally, the 'Wet Blanket of the Year Award' from a San Diego radio station.



Johnny's New World

A documentary film which helps parents and teachers understand the needs of the millions of American school children who today require some kind of eye care. Fully cleared for TV use, the 16 mm sound motion picture in color runs 16½ minutes and is distributed by the National Society for the Prevention of Blindness, Inc.





COMMUNITY SERVICES

The action arm of the National Society is our community services program, through which our state affiliates carry out education and detection projects on the local level. In 1968 our state network included 23 affiliates, with organized committees in 10 additional states. In order to carry out their screenings for vision abnormalities, our state societies depend to a great extent on trained volunteers, often from local participating organizations.

Organizations to which we are particularly indebted include: Lions International, Delta Gamma Fraternity, Federation of Women's Clubs, Telephone Pioneers of America, Junior Women's Clubs, Council of Jewish Women, Parent-Teacher Associations.

We are pleased to report that Lions International, which has contributed so effectively to the Society's programs, in 1968 designated that the month of January hereafter will be 'For Sight' month for all local Lions Clubs, making it a month of concentrated activities in support of sight-saving projects.

Another active organization which sponsored sight-saving programs, often in cooperation with our state

societies, is the Jaycees, which adopted preschool vision screening as their national volunteer project at their annual convention in 1967.

SCHOOL AND PRESCHOOL VISION SCREENING

Preschool vision screenings, conducted year round by our trained volunteers—who now number in the thousands—are big and small: 'Open screenings' at a local public center may draw hundreds of children during a screening series; 20 or 30 children may be screened in nursery school or Project Head Start groups; and sometimes an impromptu screening in a volunteer's home may follow a call from someone concerned about 'the children in my neighborhood.'

School screenings are also conducted for kindergarten classes by some state affiliates, usually at the request of the school nurse. In some cases, notably in Utah during 1968, screenings have been held for youngsters through the eighth grade. The Utah Society sponsored a screening in October for the staggering number of 35,000 youngsters, first through eighth grade, in just one school district.

A sampling of state projects for preschool and school vision screening during 1968:

- The Georgia Society accepted the responsibility for screening all the children, some 20,000, in Georgia's 1969 summer Head Start Program.
- The Northern California Society in cooperation with the San Francisco PTA is testing a Home Eye Test, in



Paper fish, used as eye occluders in vision screenings for preschoolers, are an evening's cut-out project for a cub scout troop in Des Moines—and a take-home screening souvenir for an Arizona youngster.

which kits are sent to PTA members having preschool-age children. The kit was developed by the medical advisory committee of the Northern California Society; and it has been in limited experimental use for two years. Validity studies by followup examinations are being conducted.

- The Arizona Society screened 33,014 preschool and school children, with 4,099 referred for professional examination. The Society made impressive gains in screening projects on Indian reservations, in cooperation with Project Head Start and the Arizona Health Department.

- The Iowa Society reported a jump from 3,832 children screened in 1967 to 8,577 screened during 1968, with 328 referrals. Seventy-two communities in Iowa now have preschool projects, many on a county-wide basis.

- The Mississippi Society, just formally organized in 1967, through an extensive public education campaign and recruitment of screening volunteers from local organizations, has made miraculous strides in preschool projects during 1968. The Society has trained the Head Start staff throughout the State.

GLAUCOMA SCREENING

The 38 glaucoma screening projects held during 1968 were generally 'open screenings,' publicized locally in advance; although on occasion NSPB or a state affiliate was contacted to hold a screening for a particular organization. For example a request screening was held by NSPB in May for Brooklyn, New York, postal employees:

1,382 were screened, and 108 referred for a professional examination.

Sample glaucoma screening projects during the year:

- The Massachusetts Society reported 6,600 persons screened, of whom 279 were referred for professional examination.

- The Utah Society, following the recommendation of NSPB's Glaucoma Committee, reported that conducting glaucoma screenings in conjunction with diabetes screenings raised public attendance by 40 percent. A record number of 5,043 persons were screened, with 150 referred.

- The Northern California Society has established, in cooperation with the San Francisco Health Department and the San Francisco Medical Society, a weekly glaucoma screening clinic, where approximately 50 persons are screened each week.

- The Florida Society's Duval Branch also has a regular glaucoma screening program, conducted in cooperation with the Jacksonville Ophthalmological Society, and with support from the Greater Jacksonville Lions Club. During the year 16,196 persons were screened, with 397 referred.

- The Connecticut Society sponsored a permanent detection center in Hartford, at which 4,112 persons were screened. Confirmed glaucoma was reported in 22 cases.

- The Virginia Society held six glaucoma screenings during the year, at which 4,000 persons were screened, with 209 referred.

BASIC AND CLINICAL RESEARCH

In 1968 the NSPB Committee on Basic and Clinical Research approved grants totaling \$89,571.00.

Though this research program is exceeded by government appropriations and funds of voluntary organizations specializing in research support, NSPB believes it

is important to provide support in promising areas not reached by these sources. Emphasis is given, therefore, to assisting the young investigator not yet established in a research career, who is pursuing a study pertinent to the interests of the National Society.

1968 RESEARCH GRANTS

Title of Study
Institution and Investigator

RENEWALS

Suppression of the Corneal Graft
Reaction with Antilymphocyte Serum
University of California
San Francisco Medical Center
San Francisco, California
Gilbert Smolin, M.D.

Factors Affecting Movement
of Certain Antibiotics
University of Colorado Medical Center
Denver, Colorado
Raymond E. Records, M.D.

An Electron Microscopic Study
of Rubella-Induced Cataracts
The Eye Research Laboratories
University of Chicago
Chicago, Illinois
Alphonse Leure-duPree, Msc.

Obstruction of the Vortex Veins
—Pathologic and Experimental Study
Boston University
School of Medicine
Boston, Massachusetts
Ephraim Friedman, M.D.

Lymphocyte Transformation Study
Washington University
School of Medicine
St. Louis, Missouri
Morton E. Smith, M.D.

Alkali Burns of the Eye
New York Hospital
Cornell Medical College
New York, New York
Stuart I. Brown, M.D.

Retinal Vascularization
and Neovascularization
in Experimental Animals
New York University
Medical Center
New York, New York
Manoucher Shakib, M.D., Ph.D.

Vascular Patterns of the Ocular Fundi
of Glaucoma Patients: Comparison with
the Normal and the Effect of Changes
in Intraocular Pressure
Wills Eye Hospital
Philadelphia, Pennsylvania
George L. Spaeth, M.D.

Morphological and Biochemical Analyses
of Striate Cortex of Both Cerebral
Hemispheres of "Split-Brain" Monkeys
in which One Hemisphere Has Been Over-
trained on Visual Discrimination Problems
University of Washington
School of Medicine
Seattle, Washington
John L. Downer, Ph.D.

NEW

Relationship of Potential Difference
and Current to Ion and Fluid Movement
in the Cornea
University of Alabama in Birmingham
The Medical Center
Birmingham, Alabama
Warren S. Rehm, M.D., Ph.D.

The Effect of Light Stimulation
on the Neuronal and Axonal RNA of the
Eccentric Cell of the Lateral Eye
of the *Limulus polyphemus*
Institute of Medical Sciences
Presbyterian Medical Center
San Francisco, California
Iris Barbato, Ph.D.

Participation of Lymphoid Cells
in Corneal Graft Rejection
College of Medicine
University of Florida
Gainesville, Florida
Frank M. Polack, M.D.

The Localization of Tritiated Digoxin
in the Rat Eye
Northwestern University
Medical School
Chicago, Illinois
Seymour B. Goren, M.D.

Effect of Hypophysectomy on Retinal
Microaneurisms in Diabetic Monkeys
University of Nebraska
College of Medicine
Omaha, Nebraska
Gordon E. Gibbs, M.D.

Laboratory Study of Vitreous Changes
in the Pathogenesis of Rhegmatogenous
Retinal Detachment
Albany Medical College
Union University
Albany, New York
Wichard A. J. van Heuven, M.D.

Evaluation of Use of New Chemical
Adhesives to Replace Suture Use in
Extraocular Muscle Surgery
New York Hospital
Cornell Medical Center
New York, New York
Edward A. Dunlap, M.D.

Effect of Peripheral Blindness in Man on
Circadian Periodicity of Plasma 17-OHCS
The Mount Sinai School of Medicine
New York, New York
Howard P. Krieger, M.D.

Water Permeability of the Human Cornea
Bowman Gray School of Medicine
Wake Forest University
Winston-Salem, North Carolina
John A. Stanley, M.D.

A Comparison of Humoral versus
Cellular Mechanisms of Corneal
Homograft Rejection *In Vivo* Using
the Rabbit as Experimental Animal
Hospital of the
University of Pennsylvania
Philadelphia, Pennsylvania
James A. Katowitz, M.D.

A Neuropharmacologic Study
of Retinal Cell Function
University of Pennsylvania
School of Medicine
Philadelphia, Pennsylvania
Richard C. Rice, M.D.

Thermography as a Diagnostic Aid
in Ophthalmology

Wills Eye Hospital and Research Institute
Philadelphia, Pennsylvania
Pierre Guibor, M.D.

Studies on Primary Herpetic Keratitis

Wills Eye Hospital and Research Institute
Philadelphia, Pennsylvania
Ralph Pollikoff, Ph.D.

Lymphocytes in Diagnostic Procedures
for Uveitis

Wills Eye Hospital and Research Institute
Philadelphia, Pennsylvania
Theodore W. Sery, Ph.D.

Study of Some Mechanisms and Antigens
Involved in the Production of Experi-
mental Autoimmune Uveitis; Effect of
Interferon on Experimental
Viral Eye Infections

Woman's Medical College of Philadelphia
Philadelphia, Pennsylvania
Maria W. Kirber, Ph.D.

Synaptic Organization in the
Monkey Lateral Geniculate Nucleus

School of Medicine
University of Washington
Seattle, Washington
Anita Hendrickson, Ph.D.

Quantitative Evaluation of Eye and
Hand Preference in Non-Dyslexic
and Dyslexic Populations

School of Medicine
University of Washington
Seattle, Washington
Robert Kalina, M.D.

Alterations in the Epithelial Potential
of the Cornea in Experimental Herpetic
Keratitis and Keratoconus

Marquette University
School of Medicine
Milwaukee, Wisconsin
Henry F. Edelhauser, Ph.D.

SCIENTIFIC CONFERENCE

Symposium on
The Biochemistry of the Eye

Prof. Dr. H. Bloemendal
Prof. Dr. S. L. Bonting
University of Nijmegen
Nijmegen, The Netherlands
June 24-28, 1968

OPERATIONAL RESEARCH

Another kind of investigation, that of operational research, gives the National Society essential data with which to direct our program emphases for the coming years, or for pointing up new areas of need. This research may take the form of establishing reporting methods; studies of special population groups; surveys to determine the status of eye health and safety laws and regulations; conferences; or statistical analyses of incidence and causes of blindness and vision problems.

Some of these projects undertaken during 1968 include:

- A study of the causes of blindness and vision impairment among infants and preschool children. Object: to determine whether there are particular causes which represent a significant threat; and to learn whether or not the incidence of blindness in this group is increasing.

- A study of causes of blindness of school-age children for the 1968-69 school year was initiated. The study will be carried out on the basis of a sample of about 4,000 of the nearly 20,000 legally blind school children in the United States. It is hoped that all residential schools and state departments of education will participate so that the study sample will be representative of the total population. The National Society has conducted a series of such studies since the early 30's. The last study was made for the 1958-59 school year.

- A survey of school vision screening programs in each state to provide a current and comprehensive picture of the legislation, standards, procedures and personnel pertinent to their conduct. Report was published in the Fall issue of the *Sight-Saving Review*.

- Compilation of statistics on the results of pre-school vision screening projects conducted by NSPB affiliates, volunteer groups trained by NSPB representatives, and other POB agencies. For the 1967-68 screening year, 530 projects have reported.

- A survey among selected hospitals to determine the current incidence of retrolental fibroplasia among babies born in 1967.

- A survey to update the summary of state and territorial laws and regulations pertaining to the use of a prophylactic in the eyes of newborns for the prevention of ophthalmia neonatorum. The information, under study by NSPB's Committee on Ophthalmia Neonatorum, along with the Committee's recommendations, will be published.

NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS, INC.
AND AFFILIATED STATE CHAPTERS

Statement of Consolidated Financial Position
December 31, 1968

	General fund	Designated funds	Endowment funds and funds functioning as endowment	Combined
Assets:				
Cash	\$ 143,742	86,959	6,878	237,579
Notes receivable	2,330	—	—	2,330
Accounts receivable:				
Deposits and advances	9,540	—	—	9,540
Miscellaneous accounts receivable	21,286	—	—	21,286
Investment in bonds, stocks and certificates of deposit at cost, or fair market value, at date of acquisition in the case of gifts (quoted market \$1,965,378)	1,443,081	100,000	89,274	1,632,355
Construction in progress	—	67,699	—	67,699
Other	302	—	—	302
Total assets	<u>1,620,281</u>	<u>254,658</u>	<u>96,152</u>	<u>1,971,091</u>
Liabilities:				
Accounts payable and accrued expenses	114,744	—	—	114,744
Reserve for vacation and severance pay	65,877	—	—	65,877
Total liabilities	<u>180,621</u>	<u>—</u>	<u>—</u>	<u>180,621</u>
Net assets (representing fund balances)	<u>\$1,439,660</u>	<u>254,658</u>	<u>96,152</u>	<u>1,790,470</u>
Fund balances:				
General fund	1,439,660	—	—	1,439,660
Designated funds	—	254,658	—	254,658
Endowment funds and funds functioning as endowment	—	—	96,152	96,152
	<u>\$1,439,660</u>	<u>254,658</u>	<u>96,152</u>	<u>1,790,470</u>

See accompanying notes to consolidated financial statements.

The Board of Directors
National Society for the Prevention of Blindness, Inc.:

We have examined the statement of consolidated financial position of the National Society for the Prevention of Blindness, Inc., and affiliated state chapters as of December 31, 1968 and the related statement of consolidated fund transactions for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying statements of consolidated financial position and consolidated fund transactions present fairly the financial position of the Society and its affiliated state chapters at December 31, 1968 and the changes in funds balances for the year then ended, in conformity with generally accepted accounting principles. The supplementary data included in Schedule 1 have been subjected to the same auditing procedures and, in our opinion, are stated fairly in all material respects when considered in conjunction with the basic financial statements taken as a whole.

March 27, 1969

Peat, Marwick, Mitchell & Co.

NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS, INC.
AND AFFILIATED STATE CHAPTERS

Statement of Consolidated Fund Transactions
Year ended December 31, 1968

	General fund	Designated funds	Endowment funds and funds functioning as endowment	Combined
Expenditures:				
Research	\$ 129,603	25,816	—	155,419
Public health education	450,651	7,798	—	458,449
Professional education and training	185,230	4,011	—	189,241
Community services	322,666	19,933	—	342,599
Fund raising	265,368	1,570	—	266,938
Organization and program development—field services	18,403	2,104	—	20,507
Administration and general expenses	236,566	1,937	—	238,503
Total expenditures	<u>1,608,487</u>	<u>63,169</u>	<u>—</u>	<u>1,671,656</u>
Income:				
Contributions (including legacies)	1,442,681	107,205	—	1,549,886
Sales, subscriptions and royalties	38,271	—	—	38,271
Investment and trust fund income	96,916	3,740	—	100,656
Services contributed by U.S. Public Health Service	21,872	—	—	21,872
	<u>1,599,740</u>	<u>110,945</u>	<u>—</u>	<u>1,710,685</u>
Excess of income (expenditures) before net gain on sale of investments	<u>(8,747)</u>	<u>47,776</u>	<u>—</u>	<u>39,029</u>
Net gain on sale of investments	145,661	—	13,441	159,102
Appropriation to funds functioning as endowment	<u>(3,467)</u>	<u>—</u>	<u>3,467</u>	<u>—</u>
	<u>142,194</u>	<u>—</u>	<u>16,908</u>	<u>159,102</u>
Increase for year	133,447	47,776	16,908	198,131
Fund balances:				
Beginning of year	<u>1,306,213</u>	<u>206,882</u>	<u>79,244</u>	<u>1,592,339</u>
End of year	<u>\$1,439,660</u>	<u>254,658</u>	<u>96,152</u>	<u>1,790,470</u>

See accompanying notes to consolidated financial statements.

Notes to Consolidated Financial Statements

(1) The consolidated financial statements include the National Society for the Prevention of Blindness, Inc. (including state committees) and affiliated chapters in Connecticut, Colorado, Northern and Southern California and Indiana. 2) The Society and its affiliated chapters occupy premises under various leases extending through 1977 and requiring annual rental payments aggregating \$100,400. 3) The Society and its affiliated chapters have contributory pension plans covering permanent employees. Total expenditures for the plan amounted to \$20,661 for the year. There are no unfunded prior service costs.

Consolidated Analysis of Functional Expenditures

Year ended December 31, 1968

	Total	Research	Public health education	Professional education and training	Community services	Fund raising	Field services	General and administrative
Awards and grants	\$ 91,855	86,047	3,104	—	2,109	—	—	595
Support of health organizations	3,380	50	141	2,183	901	35	—	70
Salaries	832,213	51,023	193,030	110,956	250,550	83,719	13,234	129,701
Payroll taxes	29,169	1,451	6,171	3,201	8,590	2,963	458	6,335
Employee benefits	33,961	1,508	6,810	4,681	8,715	3,430	963	7,854
Building occupancy	100,434	9,983	25,220	12,481	23,082	12,778	1,480	15,410
Telephone and telegraph	23,569	1,123	6,327	2,495	7,899	1,947	261	3,517
Office supplies	25,441	—	2,683	204	3,710	2,316	96	16,432
Office equipment	14,347	—	844	190	1,560	281	—	11,472
Printing and publications	219,950	3,440	103,778	17,122	4,470	89,094	—	2,046
Postage and shipping	99,285	320	24,889	1,036	3,220	52,652	84	17,084
Visual aids, films, etc.	67,408	—	61,757	1,994	3,327	254	—	76
Travel	68,521	474	8,323	30,586	17,849	2,351	3,899	5,039
Professional fees	16,210	—	40	1,075	1,665	—	—	13,430
Purchase of mailing lists	29,174	—	14,415	7	115	14,593	—	44
Insurance	7,946	—	164	20	2,926	10	—	4,826
Other	8,793	—	753	1,010	1,911	515	32	4,572
	<u>\$1,671,656</u>	<u>155,419</u>	<u>458,449</u>	<u>189,241</u>	<u>342,599</u>	<u>266,938</u>	<u>20,507</u>	<u>238,503</u>

The National Society is one of the 20 major national voluntary health agencies which has met the National Health Council's standards and ethical guidelines for membership under a new policy initiated in 1963. The new accreditation assures the public that the National Society: is primarily supported by voluntary contributions / is basically controlled by a broad citizen membership / is under the direction of a representative voluntary board which has reasonable rotation and broad geographical representation / has program activities approved by committees which include competent experts in the specific areas of the Society's program / follows specified ethical fund-raising practices / makes complete financial reports to the public which conform to the National Health Council's uniform accounting system. Through the National Health Council, an organization of more than 70 national voluntary, professional and governmental agencies and other groups, its member agencies work together and with others in the common cause of health protection and improvement.

AN ENDURING LEGACY

Bequests of all sizes have helped to make possible the sight-saving activities of the National Society for the Prevention of Blindness since its establishment in 1908. The Society's record of careful management insures the enduring usefulness of funds entrusted to its care.

You can assure the Society of continuing financial support by using the following bequest form:

I give and bequeath to
the National Society for the Prevention
of Blindness, Inc., a corporation organized under the laws of the State of New York, the sum of \$.....
for its corporate purposes.

Like all other gifts to the Society, bequests by will of money, securities, a house, other real or personal property, the residue of an estate, or any part of it, are of course tax deductible.

Before a donor makes a gift of substance he should consult his lawyer. You may also write to the Society.



It's up to individuals—base commanders, medical examiners—to determine if safety glasses are issued to Armed Forces personnel on active duty. Most often they are not. NSPB is pushing for legislation requiring the routine issuance of safety eyewear for the military. The father below insisted his son get safety glasses before going to Vietnam—and the son reports they saved his sight in a grenade explosion.



During NSPB 60th Anniversary Conferences: *At right above*, Nobel Prize winner, H. Keffer Hartline, M.D., biophysicist, introduces his colleague in vision studies (a horseshoe crab) to Drs. Irving H. Leopold and Francis H. Adler. *Below*, AMA president-elect Gerald D. Dorman, M.D., and Mrs. Dorman chat with NSPB executive director John W. Ferree, M.D.



Above: The 37,000th Wise Owl Club membership award was presented in May by U.S. Senator Everett Dirksen to student at Lockport (Ill.) West High School. Below: Supervised public displays, not individual experimentation, is urged by NSPB in pushing for state laws on fireworks.



Eye Exams For Hunting Safety

Hunting Season Checklist Should Include Eye Exam

Man Loses Eye In Hunt Mishap

A 22-year-old RD 3 resident has lost the sight in his right eye, the result of being shot with a pellet gun while hunting near a residential area.

Here a Saturday morning hunting party consisting of James G. Kelly, Miss G. Kelly, and her husband, Mr. Kelly, were hunting near a residential area. The party was hunting near a residential area. The party was hunting near a residential area.

Hunters Urged To Use Caution

Nearly one in every four accidents in deer-hunting hunting accidents was a result of a fall. The accident was a result of a fall. The accident was a result of a fall.

Hunting Season Checklist Should Include Eye Exam

A hunting checklist should include an eye exam. The checklist should include an eye exam. The checklist should include an eye exam.

Hunters Urged To Check Eyes

Hunters who use binoculars should have their eyes checked. Hunters who use binoculars should have their eyes checked. Hunters who use binoculars should have their eyes checked.

Alaska Enacts First Safety-Sighted Program Safety Glasses Act

The 49th state has become the first state in the nation to require that only safety glasses and sunglasses may be prescribed.

Law Protects Eyesight

The law (AS 08.72) provides that only safety glasses and sunglasses may be prescribed. The law (AS 08.72) provides that only safety glasses and sunglasses may be prescribed.

Alaskan law saves sight

The National Society for the Prevention of Blindness (NSPB) has praised the law. The National Society for the Prevention of Blindness (NSPB) has praised the law.

Safety Glasses

The 49th state has become the first state to require that only safety glasses and sunglasses may be prescribed. The 49th state has become the first state to require that only safety glasses and sunglasses may be prescribed.

Alaska sets pace for safety glasses

News clippings by the hundreds came in about lollipop-loving J. D. Boller, NSPB's 1968 Sight Saving Chairman. News clippings by the hundreds came in about lollipop-loving J. D. Boller, NSPB's 1968 Sight Saving Chairman.

News clippings by the hundreds came in about lollipop-loving J. D. Boller, NSPB's 1968 Sight Saving Chairman—who was eight weeks old when tapped for the job. And news clippings indicate wide use in newspapers across the country of NSPB releases such as these—eye safety rules for hunters; and the enactment in Alaska of the first state law requiring issuance of only safety glasses.

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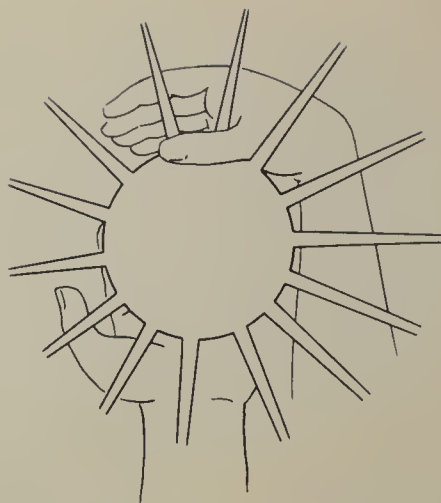
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